



Docket No.: 3322/OH401

**DECLARATION
AND POWER OF ATTORNEY
Original Application**

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 1 below, or a joint inventor if plural inventors are named below, of the invention entitled:

**COMPOSITIONS AND METHODS FOR THE DIAGNOSIS AND TREATMENT OF
NEUROPSYCHIATRIC DISORDERS, INCLUDING SCHIZOPHRENIA**

which is described and claimed in:

☐ the attached specification or ☒ the specification in application
Serial No. 09/770,107,
filed January 24, 2001
(for declaration not accompanying appl.)

that I do not know and do not believe that the same was ever known or used in the United States of America before my or our invention thereof or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, or in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application, that I acknowledge my duty to disclose information of which I am aware which is material to patentability in accordance with 37 CFR §1.56. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I hereby claim the priority benefits under 35 U.S.C. §119 of any application(s) for patent or inventor's certificate listed below. All foreign applications for patent or inventor's certificate on this invention filed by me or my legal representatives or assigns prior to the application(s) of which priority is claimed are also identified below.

PRIOR APPLICATION(S), IF ANY, OF WHICH PRIORITY IS CLAIMED

<u>COUNTRY</u>	<u>APPLICATION NO.</u>	<u>DATE OF FILING</u>
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**ALL FOREIGN APPLICATIONS, IF ANY, FILED PRIOR
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COUNTRY APPLICATION NO. DATE OF FILING

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark office connected therewith: Gordon D. Coplein #19,165, Michael J. Sweedler #19,937, S. Peter Ludwig #25,351, Paul Fields #20,298, Marc S. Gross #19,614, Joseph B. Lerch #26,936, Melvin C. Garner #26,272, Ethan Horwitz #27,646, Adda C. Gogoris #29,714, Bert J. Lewen #19,407, Henry Sternberg #22,408, Peter C. Schechter #31,662, Robert Schaffer #31,194, Robert C. Sullivan, Jr. #30,499, Ira J. Levy #35,587, Joseph R. Robinson #33,448, Scott G. Lindvall #40,325, Paul F. Fehlner, Ph.D. #35,135, David Leason #36,195

all of the firm of DARBY & DARBY P.C., 805 Third Avenue, New York, NY 10022

SEND CORRESPONDENCE TO: DIRECT TELEPHONE CALLS TO:

DARBY & DARBY P.C.
805 Third Avenue
New York, NY 10022

Samuel S. Woodley, Ph.D.

212-527-7700

FULL NAME AND RESIDENCE OF INVENTOR 1

LAST NAME: Meyer FIRST NAME: Joanne MIDDLE NAME: M.

CITY: Framingham STATE OR FOREIGN COUNTRY: MA COUNTRY OF CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 150 Singletary Lane CITY: Framingham STATE OR COUNTRY: MA
ZIP CODE: 01702

FULL NAME AND RESIDENCE OF INVENTOR 2

LAST NAME: Barrington-Martin FIRST NAME: Rory MIDDLE NAME:

CITY: Wayland STATE OR FOREIGN COUNTRY: MA COUNTRY OF CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 215 Stonebridge Road CITY: Wayland STATE OR COUNTRY: MA
ZIP CODE: 01778

FULL NAME AND RESIDENCE OF INVENTOR 3

LAST NAME: Parker FIRST NAME: Alexander MIDDLE NAME:

CITY: Natick STATE OR FOREIGN COUNTRY: MA COUNTRY OF CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 17 Hudson Street CITY: Natick STATE OR COUNTRY: MA
ZIP CODE: 01760

FULL NAME AND RESIDENCE OF INVENTOR 4

LAST NAME: Barnes FIRST NAME: Glenn MIDDLE NAME: T

CITY: Haverhill STATE OR FOREIGN COUNTRY: MA COUNTRY OF CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 25 Concordia Drive CITY: Haverhill STATE OR COUNTRY: MA
ZIP CODE: 01830

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 1: Joanne M. Meyer
Joanne M. MEYER

DATED: 4/18/01

SIGNATURE OF INVENTOR 2: _____
Rory BARRINGTON-MARTIN

DATED: _____

SIGNATURE OF INVENTOR 3: _____
Alexander PARKER

DATED: _____

SIGNATURE OF INVENTOR 4: _____
Glenn T. BARNES

DATED: _____



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Samuel S. Woodley, Ph.D.

212-527-7700

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LAST NAME: Meyer FIRST NAME: Joanne MIDDLE NAME: M.

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FULL NAME AND RESIDENCE OF INVENTOR 2

LAST NAME: Barrington-Martin FIRST NAME: Rory MIDDLE NAME:

CITY: Wayland STATE OR FOREIGN COUNTRY: MA COUNTRY OF CITIZENSHIP: ~~U.S.A.~~

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RBM 12/1/01
AUSTRALIA

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LAST NAME: Parker FIRST NAME: Alexander MIDDLE NAME:

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POST OFFICE ADDRESS: 17 Hudson Street CITY: Natick STATE OR COUNTRY: MA
ZIP CODE: 01760

FULL NAME AND RESIDENCE OF INVENTOR 4

LAST NAME: Barnes FIRST NAME: Glenn MIDDLE NAME: T

CITY: Haverhill STATE OR FOREIGN COUNTRY: MA COUNTRY OF CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 25 Concordia Drive CITY: Haverhill STATE OR COUNTRY: MA
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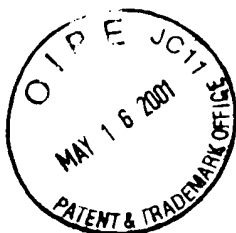
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SIGNATURE OF INVENTOR 1: _____ DATED: _____
Joanne M. MEYER

SIGNATURE OF INVENTOR 2: *Rory Barrington-Martin* DATED: *12 April*
Rory BARRINGTON-MARTIN

SIGNATURE OF INVENTOR 3: _____ DATED: _____
Alexander PARKER

SIGNATURE OF INVENTOR 4: _____ DATED: _____
Glenn T. BARNES



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212-527-7700

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POST OFFICE ADDRESS: 215 Stonebridge Road
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ZIP CODE: 01760

FULL NAME AND RESIDENCE OF INVENTOR 4

LAST NAME: Barnes FIRST NAME: Glenn MIDDLE NAME: T

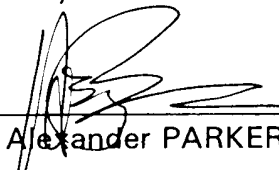
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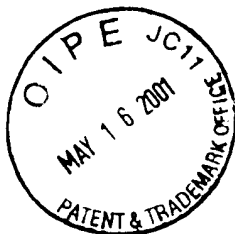
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Joanne M. MEYER

SIGNATURE OF INVENTOR 2: _____ DATED: _____
Rory BARRINGTON-MARTIN

SIGNATURE OF INVENTOR 3: _____ DATED: 4/18/2001

Alexander PARKER

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ZIP CODE: 01702

FULL NAME AND RESIDENCE OF INVENTOR 2

LAST NAME: Barrington-Martin FIRST NAME: Rory MIDDLE NAME:

CITY: Wayland STATE OR FOREIGN COUNTRY: MA COUNTRY OF CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 215 Stonebridge Road CITY: Wayland STATE OR COUNTRY: MA
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FULL NAME AND RESIDENCE OF INVENTOR 3

LAST NAME: Parker FIRST NAME: Alexander MIDDLE NAME:

CITY: Natick STATE OR FOREIGN COUNTRY: MA COUNTRY OF CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 17 Hudson Street CITY: Natick STATE OR COUNTRY: MA
ZIP CODE: 01760

FULL NAME AND RESIDENCE OF INVENTOR 4

LAST NAME: Barnes FIRST NAME: Glenn MIDDLE NAME: T

CITY: Haverhill STATE OR FOREIGN COUNTRY: MA COUNTRY OF CITIZENSHIP: U.S.A.

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Joanne M. MEYER

SIGNATURE OF INVENTOR 2: _____ DATED: _____
Rory BARRINGTON-MARTIN

SIGNATURE OF INVENTOR 3: _____ DATED: _____
Alexander PARKER

SIGNATURE OF INVENTOR 4:  DATED: 04/11/01
Glenn T. BARNES